



THE FIELD LIBRARY
LIBRARY CARD APPLICATION

BARCODE _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

DATE OF BIRTH ___/___/___ GENDER ___

Home Tel _____ Work _____

E-MAIL _____

Applicant's
Signature _____

Parent/Guardian _____

(For children's cards if applicant is 12 or under)

By applying for a library card, I agree to:

Provide two forms of ID verifying current address as proof of residency

Follow the rules of this library & other libraries in Westchester County

Pay all fines & fees charged to me for overdue, damaged & lost materials

Notify the library if I change address/lose card

Your Field of Knowledge